



## Talbot County Department of Parks and Recreation

### Swim Lesson Registration Form

#### George Murphy Community Pool

501 Port Street, Easton, MD  
410-820-7306

#### Bay One Hundred Community Pool

911 South Talbot Street, St. Michaels, MD  
410-745-6592

Session 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
6/24-6/27 7/1-7/5 7/8-7/11 7/15-7/18 7/22-7/25 7/29-8/1

Location & Time (Check One)

George Murphy (Morning) \_\_\_\_\_ Bay 100 (Morning) \_\_\_\_\_ Bay 100 (Evening) \_\_\_\_\_

Level I Water Exploration \_\_\_\_\_ Level II Primary Skills \_\_\_\_\_ Level III Stroke Readiness \_\_\_\_\_

Level IV Stroke and Turn \_\_\_\_\_ Mommy and Me \_\_\_\_\_

#### Participant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Swimming Experience \_\_\_\_\_

#### Parent/Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Medical Information

Please list necessary medical information for your child: \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Primary Phone \_\_\_\_\_

*I acknowledge I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.*

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under the age of 18, parent/guardian signature is required)

#### Official Use Only

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_ Initials \_\_\_\_\_